

**Applicant Initiated Interview Request Form**Application No.: 09/555,534First Named Applicant: Barbara EnsoliExaminer: Humphrey, LouisArt Unit: 1648

Status of Application: _____

Tentative Participants:

- (1) Assistant Examiner Louis Humphrey (2) Primary Examiner Jeffrey Parkin
(3) Dr. Adriane M. Antler (4) Ann W. Chen (5) Dr. Barbara Ensoli
(6) Dr. Giovanni Cozzone (7) Dr. Paolo Monini (8) Dr. Mauro Magnani

Proposed Date of Interview: December 5 or 6, 2007Proposed Time: 11:30 ☒ AM ☐ PM**Type of Interview Requested:**

- (1) ☒ Telephonic (2) ☒ Personal (3) ☐ Video Conference

Adriane Antler and Ann Chen will participate in person. Drs. Barbara Ensoli, Giovanni Cozzone, Paolo Monini, and Mauro Magnani will participate by telephone.

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>§112 rejection</u>	<u>all rejected</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>under §112</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>§102 rejection</u>	<u>all rejected</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>under §102</u>	<u>Chang et al.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>§103 rejection</u>	<u>all rejected</u>	<u>Chang et al. in combination</u>			
	<u>under §103</u>	<u>with the other cited references</u>			
(4) _____	_____	_____			
<input type="checkbox"/> Continuation Sheet Attached					

Brief Description of Arguments to be Presented:

Meaning of claims and legal standards regarding §112, §102 and §103 as applied to instant case mandates withdrawal of rejections.

An interview was conducted on the above-identified application on ____.

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Adriane M. Antler
(Applicant/Applicant's Representative Signature)

(Examiner/SPE Signature)

Adriane M. Antler

Typed/Printed Name of Applicant or Representative

32,605

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



EXPRESS MAIL NO.: EV 913 329 744 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Barbara Ensoli Confirmation No.: 9400
Application No.: 09/555,534 Art Unit: 1648
Filed: May 31, 2000 Examiner: Humphrey, Louise Wang Zhiying
For: HIV TAT, OR DERIVATIVES Attorney Docket No.: 11340-003-999
THEREOF FOR PROPHYLACTIC
AND THERAPEUTIC
VACCINATION

AMENDMENT FEE TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$460.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		<input type="checkbox"/> SMALL ENTITY	<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID		PRESENT EXTRA		RATE	ADDIT. FEE	OR	ADDIT. FEE
TOTAL	239	MINUS	234	0	x 25	\$		x 50	\$ 250.00
INDEP.	5	MINUS	4	1	x 105	\$		x 210	\$ 210.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$			\$ 0.00
TOTAL						\$		OR	\$ 460.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: October 22, 2007

Adriane M. Antler 32,605
Adriane M. Antler (Reg. No.)
JONES DAY
222 East 41st Street
New York, New York 10017
(212) 326-3939

Enclosure